PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence including the below or directed of the correct	for transmitting ng the Patent, ac herwise in Block	the ISS Ivance of 1, by (UE FEE and PUBLICAT orders and notification of a) specifying a new corre	ION FEE (if requestion representation of the control of the contro	ired). I will be ; and/o	Blocks 1 through 5 st mailed to the current r (b) indicating a sepa	ould be comple correspondence a rate "FEE ADDI	ted where address as RESS" for
CURRENT CORRESPOND	Fee	(s) Transmittal, Th	is certii	g can only be used for icate cannot be used for such as an assignment	ir any other acco	mnanvina			
22898	hav	e its own certificate	of ma	lling or transmission.	ii or ioimai aran	mg, musi			
THE LAW OFFICES OF MIKIO ISHIMARU 333 W. EL CAMINO REAL SUITE 330 SUNNYVALE, CA 94087					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
, - ,				A	sha Zahrt	<u>,, </u>		(Depos	sitor's name)
				1	denallohd				(Signature)
					ctober 20,	200	6		(Date)
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/841,837				Gerard Terreault			428-B01.US 5819		
APPLN, TYPE	: METHOD AND APPA			ING AND QUANTIFYING					
		ISSUE FEE 1	DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DI	JE
nonprovisional				\$300	\$0		\$1700 10/27/		106
EXAMINER		ART UNIT		CLASS-SUBCLASS					
GHEBRETINSAE, TEMESGHEN 2611				375-261000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINT	ED ON	THE PATENT (print or ty	pe)	······			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							cument has been	filed for	
SUNRISE TEL	ECOM INCORPOR	San Jose, California							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government									
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0374 (enclose an extra copy of this form). 					
5. Change in Entity Stat a. Applicant claims	us (from status indicated s SMALL ENTITY statu		27.	☐ b. Applicant is no long					
	Publication Fee (if requ	ired) will not be	accente	from anyone other than t	ne applicant; a regis	stered a	ttorney or agent; or the	assignee or other	r party in
Authorized Signature	Milio So	hman			Date <u>OCto</u>	ber	20, 2006		
Typed or printed name <u>Mikio Ishimaru</u>					Registration N				_
				on is required to obtain or r 1.14. This collection is est depending upon the indive chief Information Office COMPLETED FORMS TO spond to a collection of info					process) ring, and complete crce, P.O. ox 1450,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.